

**Affordable Care Act (ACA)
Single streamlined Application for the
Health Insurance Marketplace**



Seamless-Streamlined System of Eligibility and Enrollment

- Individuals/families can submit an application to the Exchange, Medicaid/CHIP (Children 's Health Insurance Program).
- Eligibility is determined and verified **real-time** through, and by the Federally-managed data services Hub as well as, the Local data services Hub.
- Eligibility will be determined for Medicaid and CHIP; enrollment in a QHP (Qualified Health Plan); Advanced Payments of the Premium Tax Credit (APTC) and Cost-Sharing Reductions (CSRs).
- Upon an eligibility determination enrollment will occur in a QHP or Medicaid/CHIP.
 - An on-line plan comparison tool will be available for customers to inform them about QHPs.
 - Once a QHP is selected by the customer the Advance Payment of the Premium Tax Credit is then transferred to the QHP.

CMS Model Application

- The District of Columbia has made the decision to use the CMS Model Application.
- The application will be an on-line and paper application.
- Customers will be able to apply via on-line, mail, telephone, in-person (at Service Centers or other identified locations), and by other electronic means as available.
- An in-person interview is not required for MAGI (Modified Adjusted Gross Income) eligibility.
- CMS' Model is a ***Dynamic*** on-line application where customers only have to answer questions that are relevant to them. For example, a male applicant would not see the question "Are you pregnant?", since that would not be applicable to him.



CMS Model Application Con't.

- There will be integrated electronic verification sources.
- There will be two pathways to choose- request for financial assistance or no financial assistance request.
- Customers will be able to apply through the Exchange for a QHP (Qualified Health Plan),
- Throughout the application there will be help text to guide a customer through the application.
- The application will include an electronic signature.
- Applications can be signed by:
 - Applicant
 - Non-applicant in applicant's family or household
 - Someone acting responsibly for a minor or an incapacitated person
 - An authorized representative, as designated

CMS Model Application Con't.

- While the application may appear to be long, it is estimated that most individuals and families will only answer less than 30% of the questions because of its dynamic status.
- Once information has been provided on the application when that information is requested again the system should ***pre-populate*** this information.
- The application is broken down into categories.
- A customer will have an opportunity to set up their own account on-line under the section “My Account”.
- Customers will be able to begin the application process, save their information, and then come back to it at a later time.
- Customer will get their results of benefit information upon completion of the application.

Other Key Aspects of the CMS Model Application Process

- Agency must provide assistance to applicants during the submission process regardless of the method used to apply for medical benefits.
- Agency must allow applicants to utilize other assistance of their choice, including Authorized Representatives and Assisters.
- Agency must also provide assistance at renewal process.



Other Key Aspects Con't.

- In order to minimize the customer's burden, the agency may only require an individual to provide information that is necessary to make an eligibility determination or is directly related to the State Plan.
- An agency can request information for other insurance affordability programs or benefit programs.
- An agency is permitted to request SSNs (Social Security Numbers) if:
 - It is voluntary
 - It is used only to determine eligibility or for a purpose directly connected to the Agency's State Plan
 - Agency provides clear notice to the individual

Current Status of the DCAS Application Team Workgroup

- The group has been meeting monthly since November 2012 in preparation for receipt of the CMS Model Application.
- The draft model application and questionnaire were received at the end of January, 2013.
- Currently, the group is in the process of reviewing the questionnaire by topics, and the draft application to determine any necessary changes or additions that are needed in order to be in compliance with D.C. Law.
- The group will submit recommendations to CMS by February 28, 2013. (Note: the final decision(s) regarding the inclusion of recommendations will be that of CMS and the capability of the vendor).

A Few Examples of Application Workgroup's Comments/Recommendations

- Whenever address information is requested DC is requesting to include Ward information in addition to county language; since we have to do a great deal of reporting for all benefit programs; and it is helpful to know what section of the city DHS customers reside.
- DC would like to include a Penalty of Perjury Statement in the beginning along with the Privacy Statement.
- DC is requesting that there be different levels of access for Authorized Representative, so that the applicant can protect his/her privacy to their own level of comfort.
- DC would like to include an explanation statement in the Household Tax Filer information explaining why tax information is needed.
- DC will recommend adding referral information, Free Legal Help information, and DC Medical Assistance Rules currently in place that are not inconsistent with ACA, to the application.
- DC will also make recommendations about language usage and its appropriateness and/or the need for clarity.
- DC will recommend that the choice of language preference be at the beginning of the application.

The review process is currently on-going with this team.

Happy Valentine's Day Everyone



Comments & Questions

